

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/590975</div>	FILING DATE
APPLICANT(S)								
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	✓		✓					
2		✓		✓				
3		✓		✓				
4		✓		✓				
5		✓		✓				
6		✓		✓				
7		✓		✓				
8		✓		✓				
9		✓		✓				
10		✓		✓				
11		✓		✓				
12		✓		✓				
13		✓		✓				
14		✓		✓				
15		✓		✓				
16		✓		✓				
17		✓		✓				
18		✓		✓				
19		✓		✓				
20		✓		✓				
21		✓		✓				
22		✓		✓				
23		✓		✓				
24		✓		✓				
25		✓		✓				
26		✓		✓				
27		✓		✓				
28		✓		✓				
29		✓		✓				
30		✓		✓				
31		✓		✓				
32		✓		✓				
33		✓		✓				
34		✓		✓				
35		✓		✓				
36		✓		✓				
37		✓		✓				
38		✓		✓				
39		✓		✓				
40		✓		✓				
41		✓		✓				
42		✓		✓				
43		✓		✓				
44		✓		✓				
45		✓		✓				
46		✓		✓				
47		✓		✓				
48		✓		✓				
49		✓		✓				
50		✓		✓				
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
51		①		✓				
52	✓		✓					
53	✓		✓					
54		②	✓	✓				
55		③		✓				
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.		↓	3	↓		↓		
TOTAL DEP.		←	52	←		←		
TOTAL CLAIMS			55					